

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L. Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

09

01

2007

through

09

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Van Dyk

Signature of Treasurer

Electronically Filed by Robert Van Dyk

Date

10

18

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2007		140530.01
(b) Cash on Hand at Beginning of Reporting Period	138121.56	
(c) Total Receipts (from Line 19)	43482.96	460021.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	181604.52	600551.23
7. Total Disbursements (from Line 31)	19111.72	438058.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	162492.80	162492.80
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	9	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	37808.66	428677.07
(ii) Unitemized	5674.30	28344.15
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	43482.96	457021.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	43482.96	457021.22
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	-1000.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	43482.96	460021.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	43482.96	460021.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	611.72	6458.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	611.72	6458.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	431600.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19111.72	438058.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19111.72	438058.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	43482.96	457021.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43482.96	457021.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	611.72	6458.43
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	-1000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	611.72	7458.43

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) David Beck Mailing Address 1250 H St NW Ste 555 City Washington State DC Zip Code 20005-3965 FEC ID number of contributing federal political committee. C Name of Employer Beverly Enterprises Occupation Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 7 Transaction ID: C348028 Amount of Each Receipt this Period 125.00
B. Full Name (Last, First, Middle Initial) Ken Beebe Mailing Address 571 Highway 51 Ste H City Ridgeland State MS Zip Code 39157-2597 FEC ID number of contributing federal political committee. C Name of Employer Legacy Care Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 4 / 2 0 0 7 Transaction ID: C347737 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Lyn Bentley Mailing Address 1201 L Street NW City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 7 Transaction ID: C345644 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)

395.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: C347961

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 1201 L Street NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: C348120

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William Biggs

Mailing Address 101 Grace Street

City

Easley

State

SC

Zip Code

29640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Managemnet Resourc-
es

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 0 7

Transaction ID: C348029

Amount of Each Receipt this Period

3500.00

SUBTOTAL of Receipts This Page (optional)

3620.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Jim Bircham
Mailing Address 211 1 st Street SE

City State Zip Code
Little Falls MN 56345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eldercare of Minnesota

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: C347821

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
Linda Black-Kurek
Mailing Address 7445 Liberty Woods Ln

City State Zip Code
Dayton OH 45459-3911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liberty Health Care Corp

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: C348086

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Douglas Burr
Mailing Address 1185 Wilde Run Court

City State Zip Code
Roswell GA 30075-7160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cypress Healthcare Manage-
ment

Occupation
VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 7

Transaction ID: C347113

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott Carlson

Mailing Address 994 Sharon Ln

City	State	Zip Code
Ventura	CA	93001-3847

FEC ID number of contributing
federal political committee.**C**Name of Employer
Sun Health CareOccupation
Director Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	0	7

Transaction ID: C348027

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Casey

Mailing Address 3075 E Thousand Oaks Blvd

City	State	Zip Code
Westlake Village	CA	91362-3402

FEC ID number of contributing
federal political committee.**C**Name of Employer
The Chase GroupOccupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: C348106

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Phil Chase

Mailing Address 3075 E Thousand Oaks Blvd

City	State	Zip Code
Thousand Oaks	CA	91362-3402

FEC ID number of contributing
federal political committee.**C**Name of Employer
The Chase GroupOccupation
Nursing Home Consult

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	7

Transaction ID: C348103

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

5125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Susan Chase

Mailing Address 5374 Long Shadow Ct

City State Zip Code
Westlake Village CA 91362-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Chase Group

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
09 28 2007

Transaction ID: C348107

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)

Julie Cheeka

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y
09 18 2007

Transaction ID: C345645

Amount of Each Receipt this Period

11.54

C. Full Name (Last, First, Middle Initial)

Julie Cheeka

Mailing Address 3614 Connecticut Ave NW
Apt 22

City State Zip Code
Washington DC 20008-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y
09 26 2007

Transaction ID: C347962

Amount of Each Receipt this Period

11.54

SUBTOTAL of Receipts This Page (optional)

2523.08

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Robert M. Chur

Mailing Address 7 Limestone Dr

City	State	Zip Code
Williamsville	NY	14221-7051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elderwood Affiliates IncOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	7

Transaction ID: C347736

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)

Heather Anne Cutler

Mailing Address 309 W Myrtle St

City	State	Zip Code
Alexandria	VA	22301-2428

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciationOccupation
PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	7

Transaction ID: C345656

Amount of Each Receipt this Period

14.29

C. Full Name (Last, First, Middle Initial)

Heather Anne Cutler

Mailing Address 309 W Myrtle St

City	State	Zip Code
Alexandria	VA	22301-2428

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciationOccupation
PAC Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	7

Transaction ID: C347974

Amount of Each Receipt this Period

14.29

SUBTOTAL of Receipts This Page (optional)

1278.58

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Eduardo Gonzalez

Mailing Address 118 B St

City	State	Zip Code
Fillmore	CA	93015-1763

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fillmore Convalescent Cen-
terOccupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	7

Transaction ID: C347826

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

Tim Graves

Mailing Address 4214 Medical Pkwy. 3rd Floor

City	State	Zip Code
Austin	TX	78756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Health Care Associa-
tionOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	7

Transaction ID: C347960

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Vicki Groff

Mailing Address 11337 Louisiana Cir

City	State	Zip Code
Bloomington	MN	55438-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information RequestedOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	7

Transaction ID: C347824

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Vicki Groff

Mailing Address 11337 Louisiana Cir

City

Bloomington

State

MN

Zip Code

55438-2827

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: C348113

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Dr

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

809.48

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 7

Transaction ID: C345648

Amount of Each Receipt this Period

43.65

C.

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Dr

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

809.48

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: C347965

Amount of Each Receipt this Period

43.65

SUBTOTAL of Receipts This Page (optional)

187.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Jon Hoffman Mailing Address 4892 Blazer Pkwy City Dublin State OH Zip Code 43017-3302 FEC ID number of contributing federal political committee. C Name of Employer MNS Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 4 / 2 0 0 7 Transaction ID: C347738 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Cheryl Killian Mailing Address 3801 Woodside Dr City Arlington State TX Zip Code 76016-3030 FEC ID number of contributing federal political committee. C Name of Employer Legacy Care Centers Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 7 Transaction ID: C347841 Amount of Each Receipt this Period 25.00
C. Full Name (Last, First, Middle Initial) Edward L. Kuntz Mailing Address 680 S 4th St City Louisville State KY Zip Code 40202-2407 FEC ID number of contributing federal political committee. C Name of Employer Kindred Healthcare Occupation Chairman, CEO & President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 7 Transaction ID: C347842 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) David Kylo		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 7
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: C345651 Amount of Each Receipt this Period 39.56
City Arlington	State VA	
Zip Code 22206		
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 791.20	

B. Full Name (Last, First, Middle Initial) David Kylo		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 4621 28th Road South PAYROLL DEDUCTION		Transaction ID: C347968 Amount of Each Receipt this Period 39.56
City Arlington	State VA	
Zip Code 22206		
FEC ID number of contributing federal political committee. C		
Name of Employer AHCA	Occupation Director, Assisted Living	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 791.20	

C. Full Name (Last, First, Middle Initial) Cynthia Leach		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 4943 East Evans Drive		Transaction ID: C347809 Amount of Each Receipt this Period 100.00
City Scottsdale	State AZ	
Zip Code 85254-2824		
FEC ID number of contributing federal political committee. C		
Name of Employer CopperSands Inc.	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)

179.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Cynthia Leach
Mailing Address 4943 East Evans Drive

City State Zip Code
Scottsdale AZ 85254-2824

FEC ID number of contributing federal political committee.

C

Name of Employer
CopperSands Inc.Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: C347810

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Vincent Lee
Mailing Address 3675 Kilauea Ave

City State Zip Code
Honolulu HI 96816-2333

FEC ID number of contributing federal political committee.

C

Name of Employer
Oahu Region, LeahiOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 3 / 2 0 0 7

Transaction ID: C347110

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Vincent Lee
Mailing Address 3675 Kilauea Ave

City State Zip Code
Honolulu HI 96816-2333

FEC ID number of contributing federal political committee.

C

Name of Employer
Oahu Region, LeahiOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: C347811

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) William Levering Mailing Address 201 North Main St. City State Zip Code Mount Vernon OH 43050 FEC ID number of contributing federal political committee. C Name of Employer Levering Management Inc. Occupation President & CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 4 / 2 0 0 7 Transaction ID: C347740 Amount of Each Receipt this Period 2000.00
B. Full Name (Last, First, Middle Initial) Tim Lukenda Mailing Address 209 East Portage Avenue City State Zip Code Sault Sainte Marie MI 49783 FEC ID number of contributing federal political committee. C Name of Employer Tendercare (Michigan) Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1400.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 7 Transaction ID: C345639 Amount of Each Receipt this Period 400.00
C. Full Name (Last, First, Middle Initial) Lee Marchant Mailing Address 3800 W Gifford Rd City State Zip Code Bloomington IN 47403-2612 FEC ID number of contributing federal political committee. C Name of Employer LJM Enterprises Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 7 Transaction ID: C347473 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Michael Meillier

Mailing Address 27 Brand Ave
PO BOX

City State Zip Code
Faribault MN 55021-6411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pleasant Manor Inc

Occupation
Social Services Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C347517

Amount of Each Receipt this Period

225.00

B. Full Name (Last, First, Middle Initial)

Michael Meillier

Mailing Address 27 Brand Ave
PO BOX

City State Zip Code
Faribault MN 55021-6411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pleasant Manor Inc

Occupation
Social Services Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: C347820

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Lisa Mitchell

Mailing Address 214 S Munson Rd
Road

City State Zip Code
Swanton OH 43558-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swanton Health Care

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Transaction ID: C347656

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Michael Morton

Mailing Address 415 Rogers Ave

City State Zip Code
 Fort Smith AR 72901-1903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Arkansas Nursing
Ctrs

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 1 / 2 0 0 7

Transaction ID: C347658

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)

Roberts Nelson

Mailing Address 3075 E Thousand Oaks Blvd

City State Zip Code
 Westlake Village CA 91362-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Chase Group

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: C348105

Amount of Each Receipt this Period

2500.00

C. Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
 Arlington VA 22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sr. Director of Congressi-
onal Affairs

Occupation
American Health Care Association

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 8 / 2 0 0 7

Transaction ID: C345649

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

3770.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City State Zip Code
Arlington VA 22207-5107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sr. Director of Congressi-
onal Affairs

Occupation

American Health Care Association

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: C347966

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)

Stephen Reissman

Mailing Address 5120 W Goldleaf Cir
Ste 400

City State Zip Code
Los Angeles CA 90056-1297

FEC ID number of contributing
federal political committee.

C

Name of Employer
Country Villa Health Serv-
ices

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: C348084

Amount of Each Receipt this Period

1250.00

C. Full Name (Last, First, Middle Initial)

Leonard Russ

Mailing Address 40 Keogh Ln

City State Zip Code
New Rochelle NY 10805-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayberry Nursing Home

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 7

Transaction ID: C347107

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Daniel Salmon

Mailing Address 85 Beaumont Dr

City State Zip Code
 Northbridge MA 01534-1093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beaumont Nursing Home

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: C348085

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Michael Scharfenberger

Mailing Address 7265 Kenwood Rd
 Ste 300

City State Zip Code
 Cincinnati OH 45236-4414

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nursing Care Management

Occupation
Exec Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 9 / 2 0 0 7

Transaction ID: C347247

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Linda Sechovec

Mailing Address 4411 McLeod Rd NE
 Ste G

City State Zip Code
 Albuquerque NM 87109-2232

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Health Care As-
 sn

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: C348090

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Louis Serra Mailing Address 2525 Pennsylvania Ave City Weirton State WV Zip Code 26062-3634 FEC ID number of contributing federal political committee. C Name of Employer Weirton Geriatric Center Occupation Owner/Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 9 / 2 0 0 7 Transaction ID: C347255 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Marjorie Shell Mailing Address 625 East Water St. City Pendleton State IN Zip Code 46064 FEC ID number of contributing federal political committee. C Name of Employer Fall Creek Retirement Village Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 7 Transaction ID: C348031 Amount of Each Receipt this Period 1250.00
C. Full Name (Last, First, Middle Initial) Jennifer Shimer Mailing Address 9507 Shelly Krasnow Ln City Fairfax State VA Zip Code 22031-4720 FEC ID number of contributing federal political committee. C Name of Employer AHCA Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.76			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 8 / 2 0 0 7 Transaction ID: C345650 Amount of Each Receipt this Period 11.54

SUBTOTAL of Receipts This Page (optional)

1761.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City State Zip Code
Fairfax VA 22031-4720

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: C347967

Amount of Each Receipt this Period

11.54

Full Name (Last, First, Middle Initial)

B. Annette Shimpkins

Mailing Address PO Box 663

City State Zip Code
Quitman TX 75783-0663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 7

Transaction ID: C347251

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Rodney B Slone

Mailing Address 1100 N 4th St

City State Zip Code
Longview TX 75601-4739

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highland Pines Nursing &
Rehab

Occupation
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: C348104

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

411.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Todd Smith

Mailing Address 5902 Carlton Ln

City State Zip Code
 Bethesda MD 20816-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
AHCA

Occupation
Lobbyist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 7

Transaction ID: C348117

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Matthew D. Smyth

Mailing Address 1201 L Street NW

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.25

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 1 8 / 2 0 0 7

Transaction ID: C345654

Amount of Each Receipt this Period

31.25

Full Name (Last, First, Middle Initial)

C. Matthew D. Smyth

Mailing Address 1201 L Street NW

City State Zip Code
 Washington DC 20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Health Care Asso-
ciation

Occupation
Director of Grassroots

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.25

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 6 / 2 0 0 7

Transaction ID: C347972

Amount of Each Receipt this Period

31.25

SUBTOTAL of Receipts This Page (optional)

562.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Brad Stebbins
Mailing Address 600 E Whaley St

City State Zip Code
Longview TX 75601-6525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stebbins Five Companies

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: C348102

Amount of Each Receipt this Period

1250.00

B. Full Name (Last, First, Middle Initial)
Dick Stebbins
Mailing Address 600 E Whaley St

City State Zip Code
Longview TX 75601-6525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stebbins Five Companies

Occupation
Managing Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 7

Transaction ID: C347206

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Jan Thayer
Mailing Address 404 Woodland Dr

City State Zip Code
Grand Island NE 68801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Lodge

Occupation
Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: C348087

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Travis Tomlinson

Mailing Address 513 E Whitaker Mill Rd

City State Zip Code
Raleigh NC 27608-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayview Conv Home Inc

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: C347735

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. W Parker Tomlinson

Mailing Address 513 E Whitaker Mill Rd

City State Zip Code
Raleigh NC 27608-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayview Convalescent Cent-
er

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 1 / 2 0 0 7

Transaction ID: C347657

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Marilyn K. Weber

Mailing Address PO Box 386

City State Zip Code
Wellington OH 44090-0386

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weber Health Care Center,
Inc.

Occupation
Superintendent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 7

Transaction ID: C348108

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Andrew S Weisman

Mailing Address 5310 NW 33rd Ave
Ste 211

City State Zip Code
Fort Lauderdale FL 33309-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
NuVision Management

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 7

Transaction ID: C347204

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

37808.66

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. BB & T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 819
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement

Bank Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D54339

Date of Disbursement

09 / 30 / 2007

Amount of Each Disbursement this Period

64.67

B. BB & T

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 819
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement

CC Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D54340

Date of Disbursement

09 / 30 / 2007

Amount of Each Disbursement this Period

547.05

SUBTOTAL of Disbursements This Page (optional)

611.72

TOTAL This Period (last page this line number only)

611.72

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Becerra for Congress

Mailing Address 1910 W Sunset Blvd
Ste 540

City Los Angeles State CA Zip Code 90026-4991

Purpose of Disbursement
Contributions To Federal Candidates

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D54171

Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Mary Landrieu

Mailing Address 841 Carondelet St

City New Orleans State LA Zip Code 70130-3707

Purpose of Disbursement
Contributions To Federal Candidates

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D54155

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. HAWKEYE PAC, THE

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D54156

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. ORRIN PAC

Mailing Address PO Box 1480

City
Washington

State
DC

Zip Code
20013-1480

Purpose of Disbursement
Contributions To Federal PACS/Comm

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D54175

Date of Disbursement

09 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. PAC to the Future

Mailing Address 430 S. Capitol St. SE 1st Flr.

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contribution to Federal PACs

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D54123

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. CHET EDWARDS FOR CONGRESS

Mailing Address PO Box 23273

City
WACO

State
TX

Zip Code
76702

Purpose of Disbursement
Contribution

Candidate Name
Rep. Chet Edwards

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 17

Transaction ID: D54124

Date of Disbursement

09 / 21 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. VAN HOLLEN FOR CONGRESS

Mailing Address 10537 St. Paul Street

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement
Contributions To Federal Candidates

Candidate Name
Rep. Chris Van Hollen Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 8

Transaction ID: D54174

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PERLMUTTER FOR CONGRESS

Mailing Address 3440 Youngfield St #264

City
Denver

State
CO

Zip Code
80033

Purpose of Disbursement
Contributions To Federal Candidates

Candidate Name
Rep. Ed Perlmutter

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 7

Transaction ID: D54179

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SANFORD D. BISHOP JR. FOR CONGRESS

Mailing Address P. O. Box 909

City
Columbus

State
GA

Zip Code
31902

Purpose of Disbursement
Contributions To Federal Candidates

Candidate Name
Rep. Sanford Bishop Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 2

Transaction ID: D54172

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PRICE FOR CONGRESS

Mailing Address 1970 Roswell Rd.

City Marietta State GA Zip Code 30062-3902

Purpose of Disbursement
Contributions To Federal Candidates

Candidate Name
Rep. Tom Price

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 6

Transaction ID: D54169

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 714 N WOOSTER AVENUE

City DOVER State OH Zip Code 44622

Purpose of Disbursement
Contributions To Federal Candidates

Candidate Name
Rep. Zack Space

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: D54170

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PETE DOMENICI

Mailing Address 8500 Menaul Blvd NE

City Albuquerque State NM Zip Code 87112-3500

Purpose of Disbursement
Contributions To Federal Candidates

Candidate Name
Sen. Pete V. Domenici

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 0

Transaction ID: D54168

Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

18500.00